

# STATE OF TENNESSEE DIVISION OF MENTAL RETARDATION INTAKE FORM

**DATE:** \_\_\_\_\_ **STAFF PERSON COMPLETING FORM:** \_\_\_\_\_

INITIAL CONTACT BY: ☐ Telephone ☐ Fax ☐ Email ☐ Walk-in ☐ Mail

REFERRED BY: ☐ DCS ☐ ICF/MR ☐ MHI ☐ APS ☐ Nursing Home  
☐ Judicial System ☐ School System ☐ Other: \_\_\_\_\_

Check if the person is currently receiving services through any of the following:

☐ DCS ☐ ICF/MR ☐ DMRS State Funded Srv. ☐ Mental Health Facility ☐ Judicial System

## I. Information about the individual needing services:

Last Name:		First Name:		Middle Initial:	
Address (Street, City, State, Zip)					
Special Mailing Accommodations/Instructions:					
County:		D.O.B:		Age:	
SSN:					
Phone Numbers: Home:		Work:		Cell:	
Is there a diagnosis of Mental Retardation Prior to age 18? (If yes, documentation must be provided)					
<input type="checkbox"/> Yes <input type="checkbox"/> Confirmed (date) _____ <input type="checkbox"/> No <input type="checkbox"/> Age 0-4 with high probability of MR <input type="checkbox"/> Age 0-5, No diagnosis					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other, specify: _____			

## II. Information about the primary contact person (e.g., parent, guardian/ conservator, family member):

Last Name:		First Name:	
Address (if different than above)			
Special Mailing Accommodations/Instructions:			
Phone Numbers: Home:		Work:	
Cell:			
Relationship to individual: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Conservator/Guardian* <input type="checkbox"/> Other Relative: _____ <input type="checkbox"/> Other, specify: _____			
*If Conservator/Guardian, please note that a copy of the Court Orders will be needed.			